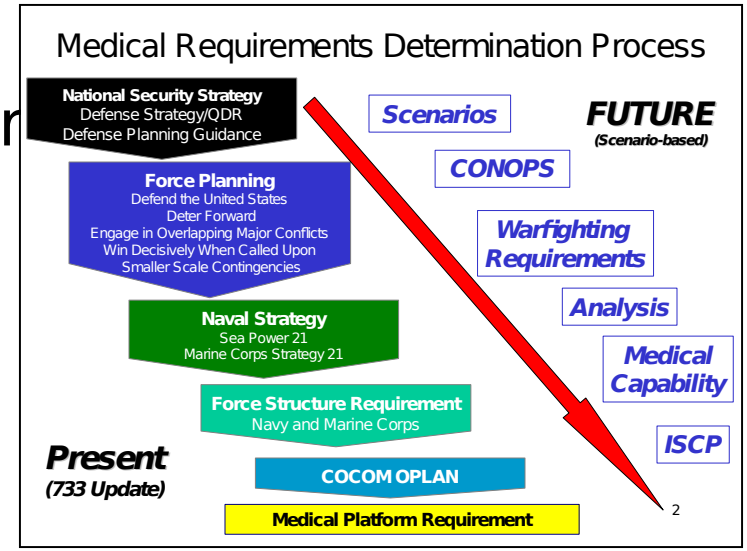
Naval Medicine Transformation

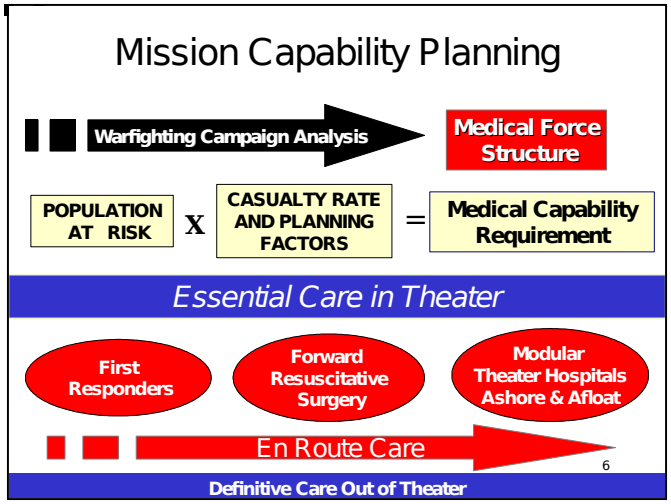
Capabilities, Requirements, and Force Structure Evolution

Requirements and force structure driven by…

- OPLAN scenarios
  - 2 MTW scenario (733U Study, 1995)
  - Single largest driver of requirements
- Day-to-day support of Navy operational forces
- Day-to-day support of Marine Corps forces
- Augmentation of Marine Corps
  - FSTs, MAPs, CRTS
- Augmentation of Level III platfor
  - T-AH, Fleet Hospital
- Overseas MTFs
- Training and sustainment base



Why we will transform…



- Strategic Changes
  - Sea Power 21/Marine Corps Strategy 21
    - Sea basing and STOM
  - 1-4-2-1
    - 10-30-30
    - Phase 0 through IV involvement
    - Homeland Security and WMD potential
    - Enhanced Joint & Coalition operations/support role
  - Essential Care in Theater
- Fleet Response Plan
    - Mirror fleet, acknowledge and accept risk
- GWOT
    - Ongoing, long term support missions
- Requirement and Response Capabilities
    - OSD Medical Readiness Review (MRR)
- Force Manning
    - THCSRR model validation, Zero based reviews, Flag Pole studies and Scenario-based requirements

What We Think

- Fleet Hospitals (FHs) can be transformed into modular, scalable, and mobile Expeditionary Medical Facilities (EMFs).
  - We can transform our FH program from 54 OR, 720 ICU, and 3780 **to** EMF capability packages with 36 OR, 360 ICU, and 540 ICW beds without significant risk (to be analytically tested).
    - FOC (notional) 2013
- Although the T-AH hulls have been certified through 2020, the propulsion systems (and other systems) are in question and these assets will be retired before 2020.
  - LPD 17, LHD, LHA(R) and MPF (F) have the potential to provide significant afloat essential care capability
  - A Joint hospital ship may still be required
- Medical Evacuation and Enroute Care capabilities are critical linchpins
  - Dedicated aircraft will be required
  - Ambulance ships will be required (HSV)

Current Navy Afloat and Ashore Medical Capabilities

The Navy's Family of Medical Capabilities: Supporting the "1-4-2-1 Defense Strategy"

TRICARE	CONUS MTFs	OCONUS MTFs	Operational Fleet / FMF	CRTS LHA/LHD/ MEDBNs	Hospital Ships	Fleet Hospitals

Defend the United States

Defend the United States

Deter Forward in Critical Regions

Engage Aggression in Overlapping Major Conflicts

Decisively Defeat if called upon in a MRC

Smaller Scale Contingencies

Force Health Protection

Benefit Mission

Navy Medicine's Dual Mission

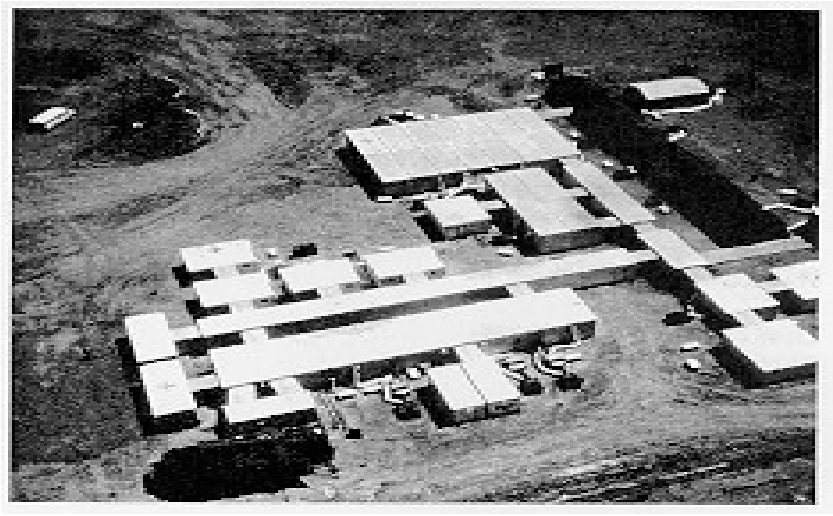
The Readiness Health Care Continuum

Readiness Mission

Major Operational Medical Platforms

Hospital Ships

- Staffed from Navy hospitals
- National Command Authority and CINC Asset
- Maintain at ROS-5
- 2 TAHs in inventory
- 1,000-bed configuration
- 12 operating rooms
  - Many smaller configurations



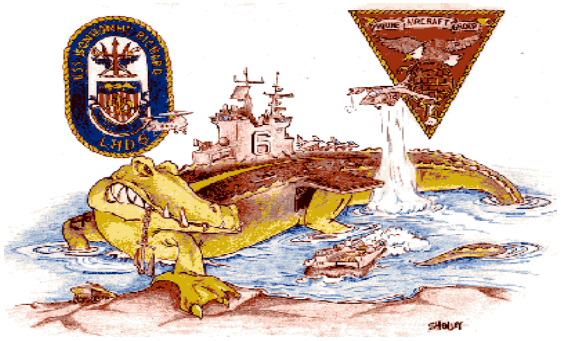
Fleet Hospitals

- Staffed from Navy hospitals
- Full resuscitative surgery capability
- 500 bed , 116, 44, 10-bed EMFs configurations
- 9 Fleet Hospitals in inventory
- Self-contained AND self-reliant

Casualty Receiving and Treatment Ships (CRTS)

LHD (WASP Class) - (7)
LHA (TARAWA Class) - (5)

- **4 OR's**
- **15 ICU beds**
- **45 ward beds**
- **Zero overflow beds**
- **Lab, X-ray & blood bar**
- **Pharmacy**



Other Deployable Medical Assets

Mobile Medical Augmentation Readiness Teams (MMART's)

- SPRINT Teams (Pysch)
- Specialist Support Teams (Trauma)
- Disaster Support Team (OB/Pediatrics/Family Practice/Geriatrics)
- CBIRF Team

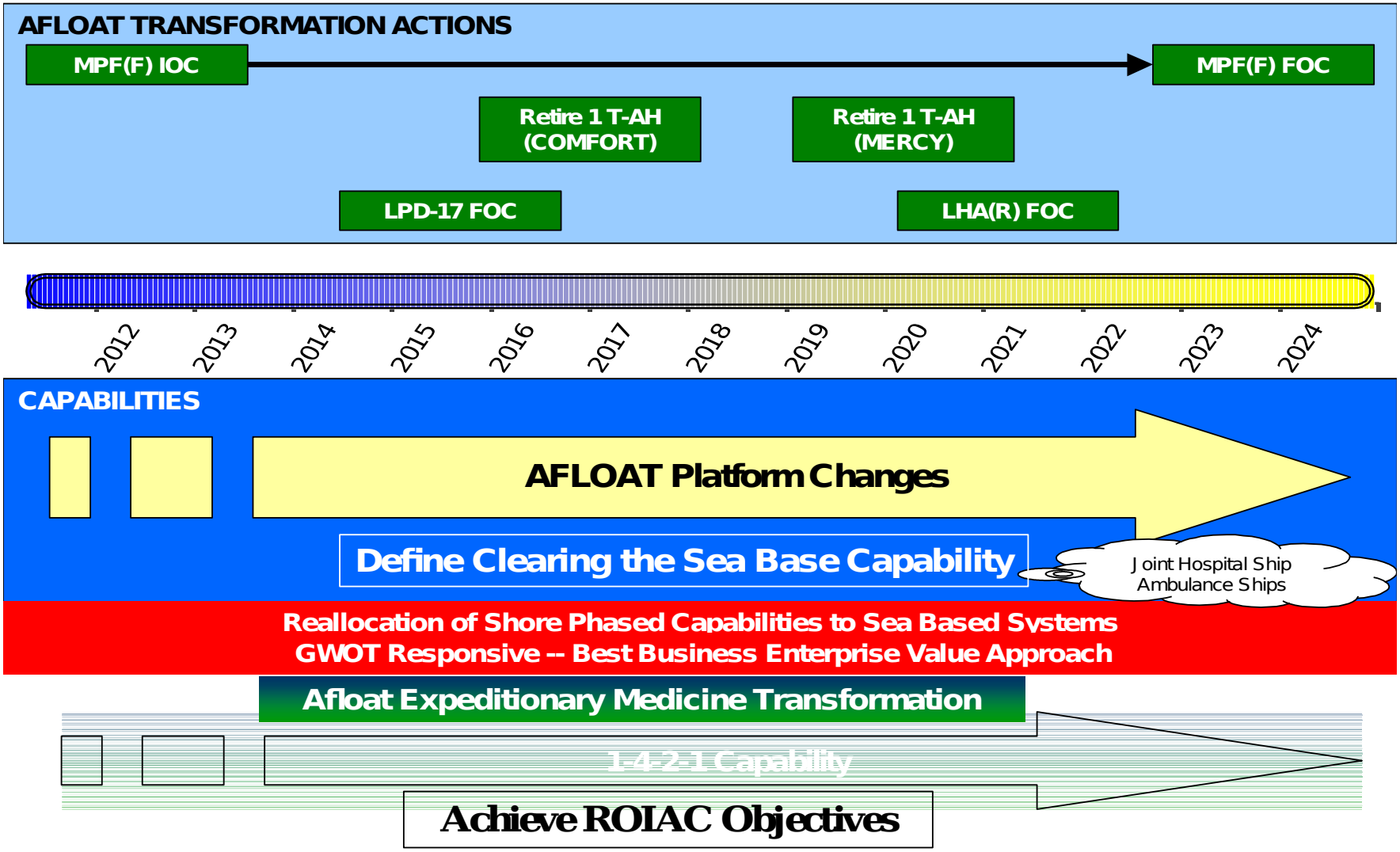
Forward Deployable Preventive Medicine Units (FD-PMU)

- Two Small online FY02-FY03 (Hawaii and Italy)
- Two Large online FY04-05 (San Diego and Norfolk)

Transformation Efforts

Sea Based Transformation

NAVAL MEDICINE TRANSFORMATION TIMELINE

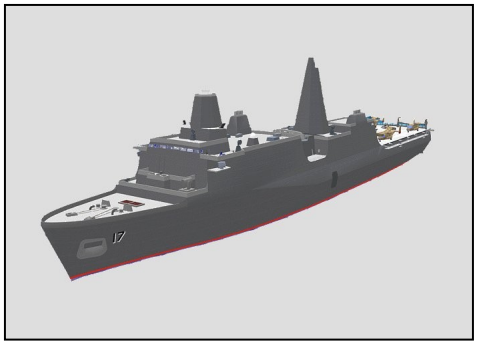


Medical Seabasing Transformation Plan Based On….

- LPD-17 Capabilities
  - 1+1 OR, 6 ICU and 18 ICW beds
  - 11 ships planned for a total: 22 OR, 66 ICU and 198 ICW beds.
  - IOC 2004 & FOC 2014
- LHD Capabilities
  - 4+2 OR, 17 ICU & 47 ICW
  - 7 currently – 8 by 2011
- LHA(R) Capabilities
  - Flight Zero Option-2 OR, 6 ICU, and 18 ICW beds
  - Flight One Option- 4 OR's, 15 ICU, 45 ICW beds
  - 4 ships planned. No change in capabilities
  - IOC 2011 & FOC 2020
- MPF(F) Capabilities
  - 4 OR, 30 ICU, and 90 ICW beds on two of the eight ship squadron (2 squadrons planned).
  - 4 CTS ships planned for a total of 16 OR, 120 ICU, and 360 ICW beds.
  - IOC 2013 & FOC 2024

Future Gray and Black Hull Capabilities

LPD-17



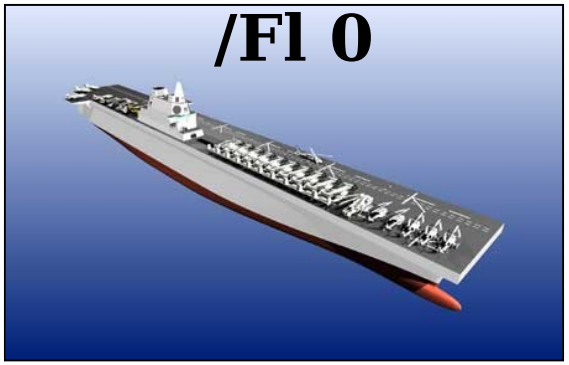
2 OR's
6 ICU, 18 ICW beds

LHD/LHA(R)

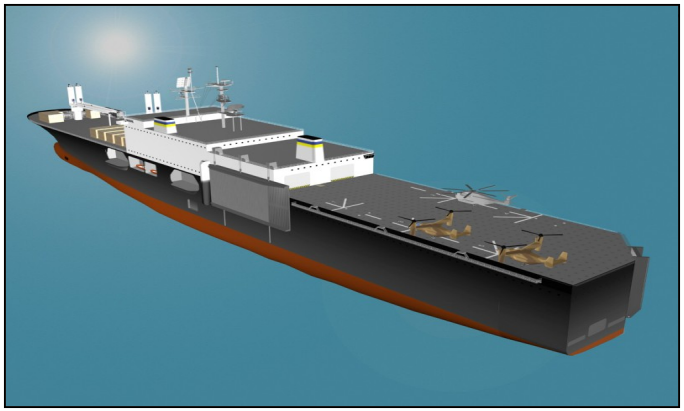
4+2 OR's (LHD 1-8); 17 ICU, 47 ICW beds

2-4 s (LHD 9+/LHA(R)); Beds

LHA(R) /Fl 0



2 OR's **;
6 ICU, 18 ICW beds
***Not a CRTS ship*

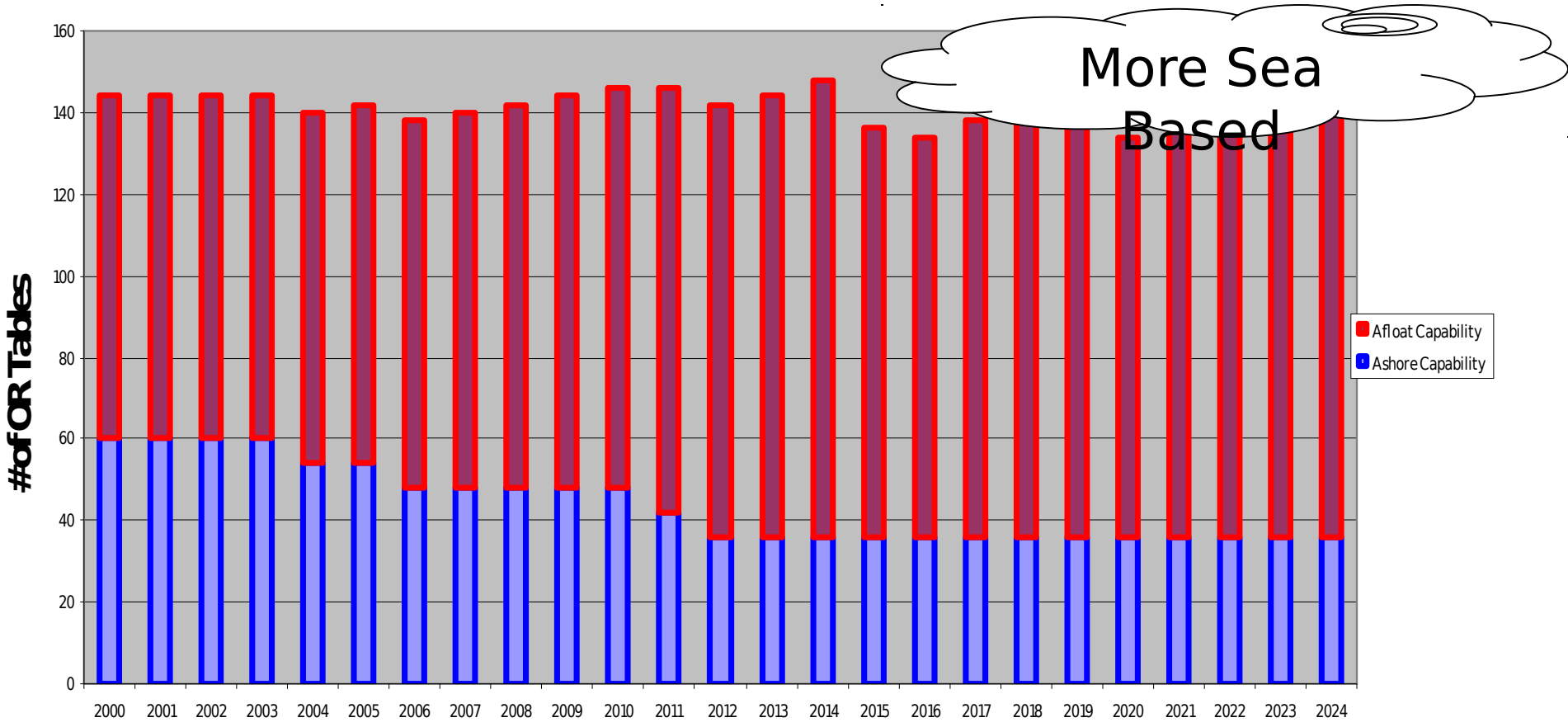


MPF (F)

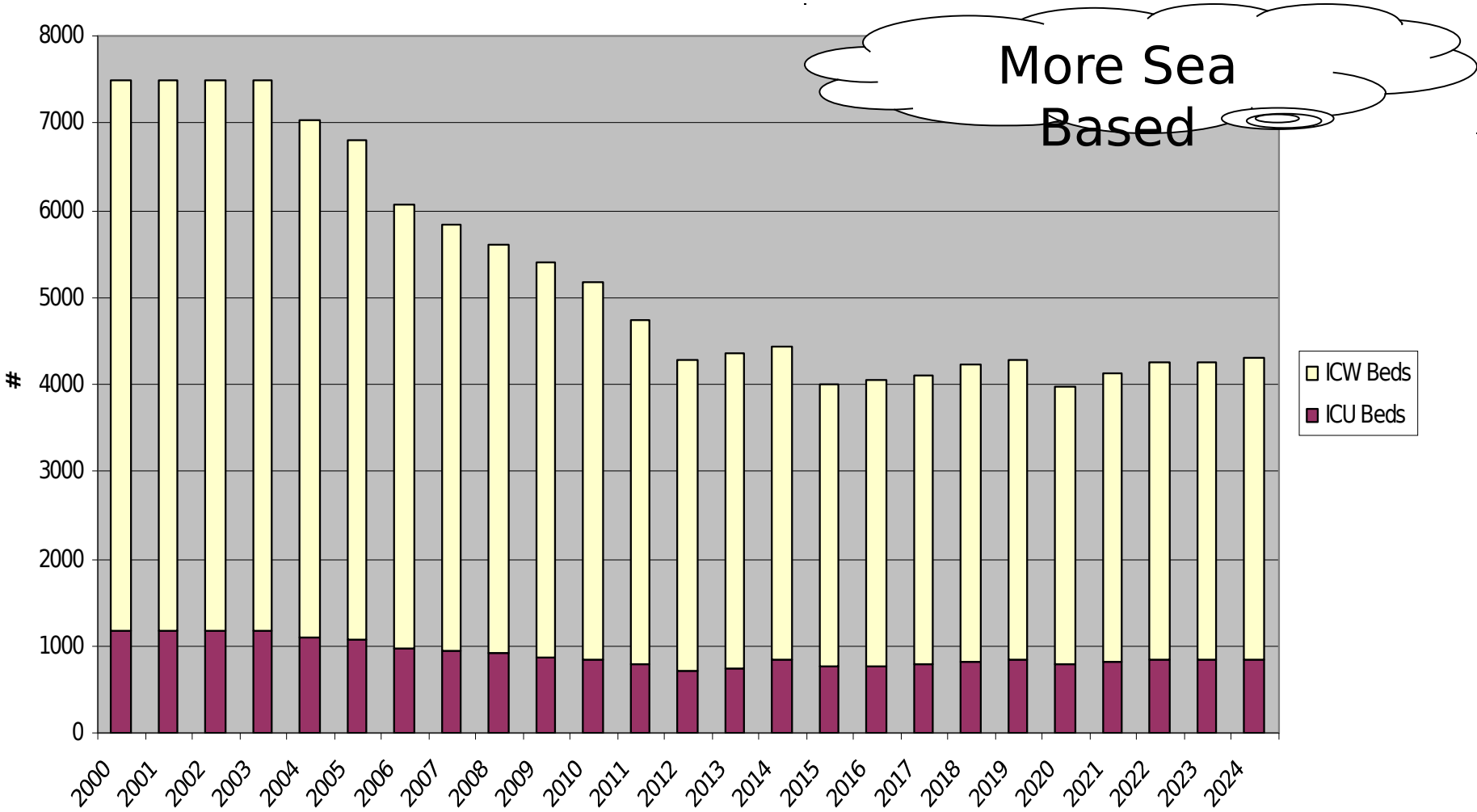
4 OR's on 2 ships in the squadron of 8-9; 30 ICU 90 ICW beds

Future: LHA(R) Fl 1 + Future Hospital Ship ??

Future Essential Care in Theater Requirements
Rely Less on Beds and More on Surgery Capability Within the "Golden Hour"



Transformation of Navy Ashore and Afloat ICU and ICW Beds, Level II and III



Responding to Strategic Challenges
Modular EMF Capabilities

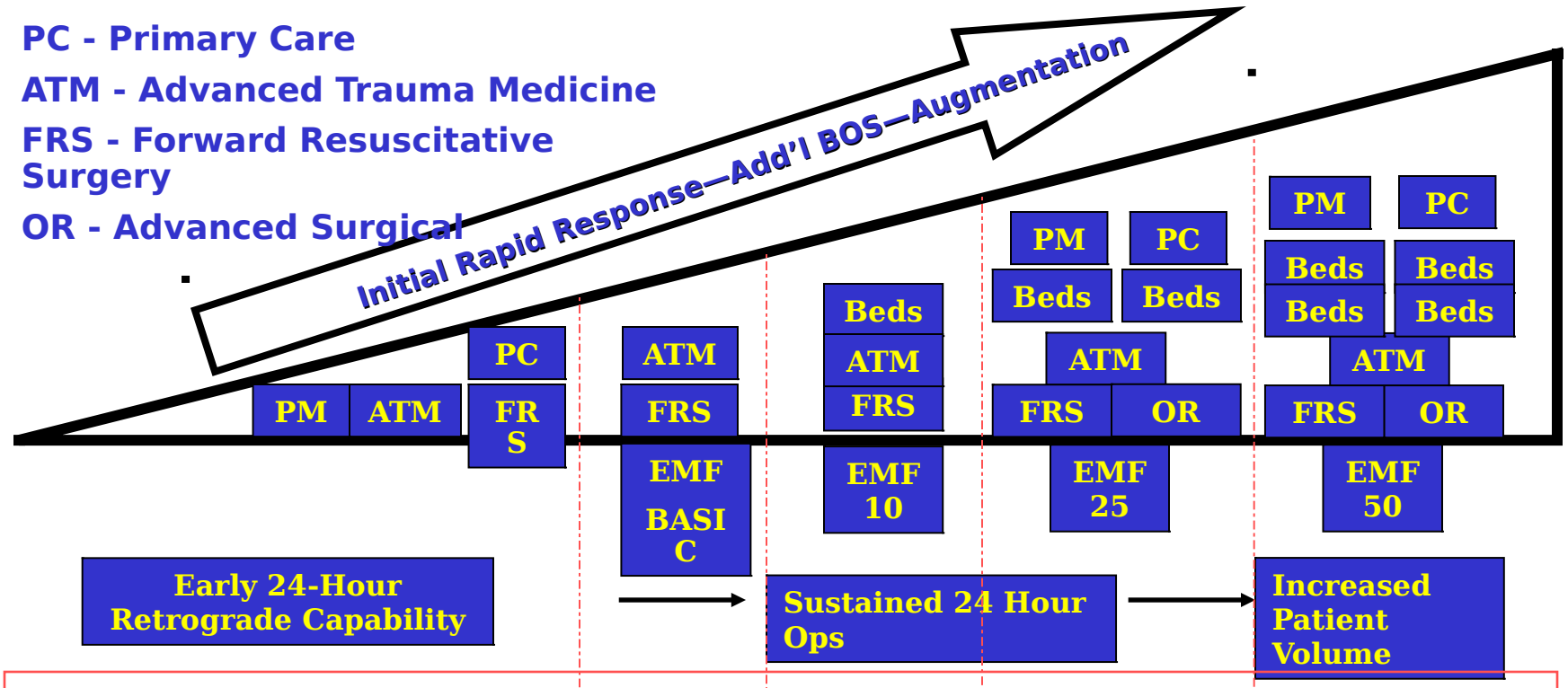
PM - Preventive Medicine

PC - Primary Care

ATM - Advanced Trauma Medicine

FRS - Forward Resuscitative Surgery

OR - Advanced Surgical



Range of potential operational scenarios requiring these capabilities

PM - PC ATM/FRS	EMF BASIC	EMF 10	EMF 25	EMF 50
MIO Ops Hum Asst. CONUS Quick Response	SSC (Haiti) Hum Asst.. CONUS Quick Response	SSC OPLAN support (HOA) Hum Asst.. PREPO	SSC OPLAN support Hum Asst.. PREPO	SSC OPLAN support (HOA) Hum Asst.. PREPO

Today's Fleet Hospital Program

Nine 500 Bed Fleet Hospitals

Seven 500 Bed FH configured for 116 bed variant and 4/2 (EMF)

- Four 10-bed variant
- One 44-bed variant

Eight Staged Forward

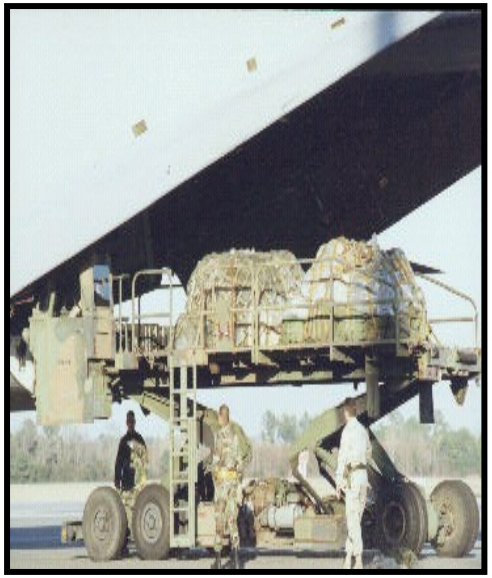
- Three Afloat
- Five OCONUS Ashore

Six Active <u>Manpower</u> UICs

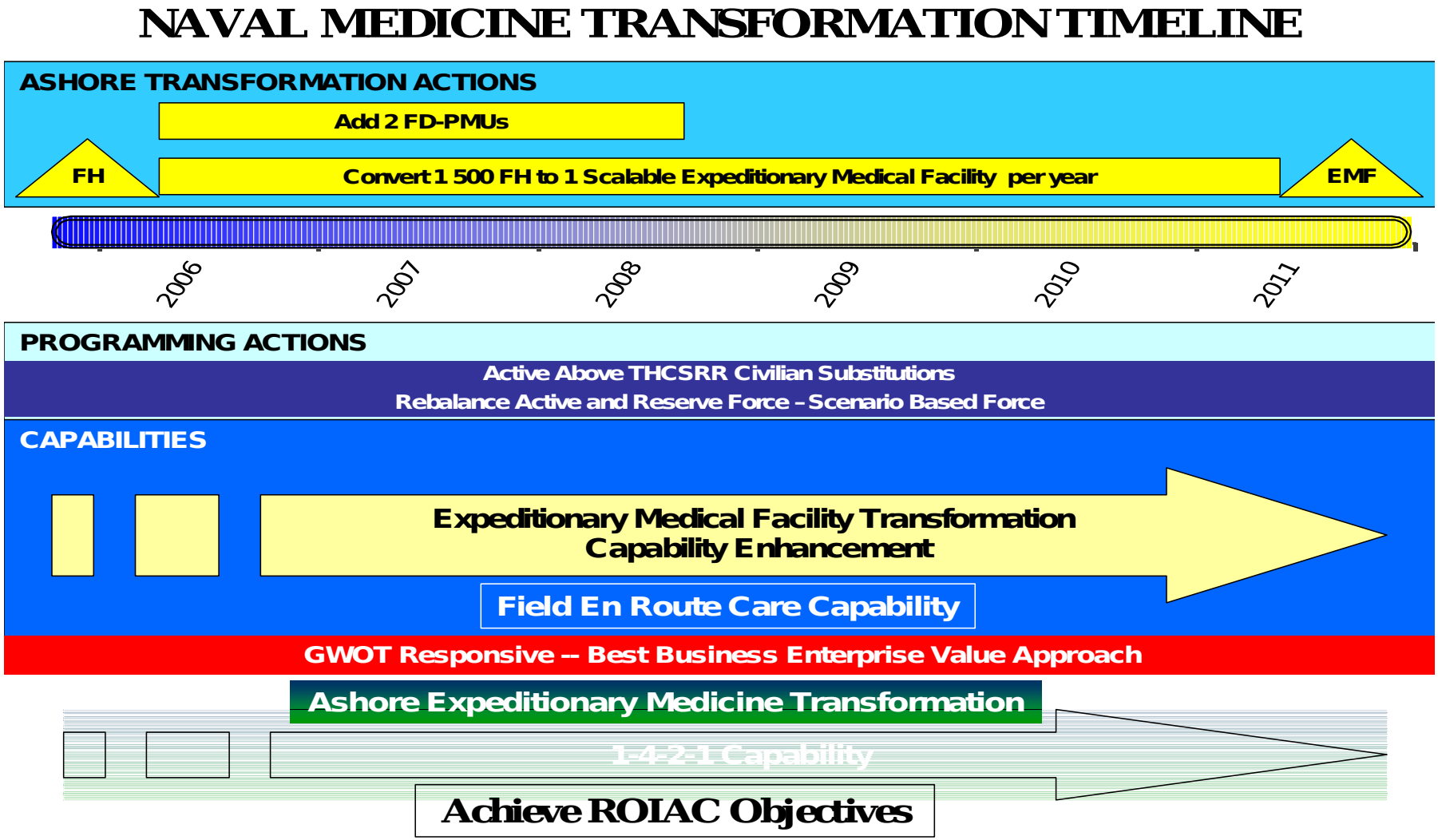
Two Reserve <u>Manpower</u> UICs

Logistics – Estimated Lift Impact

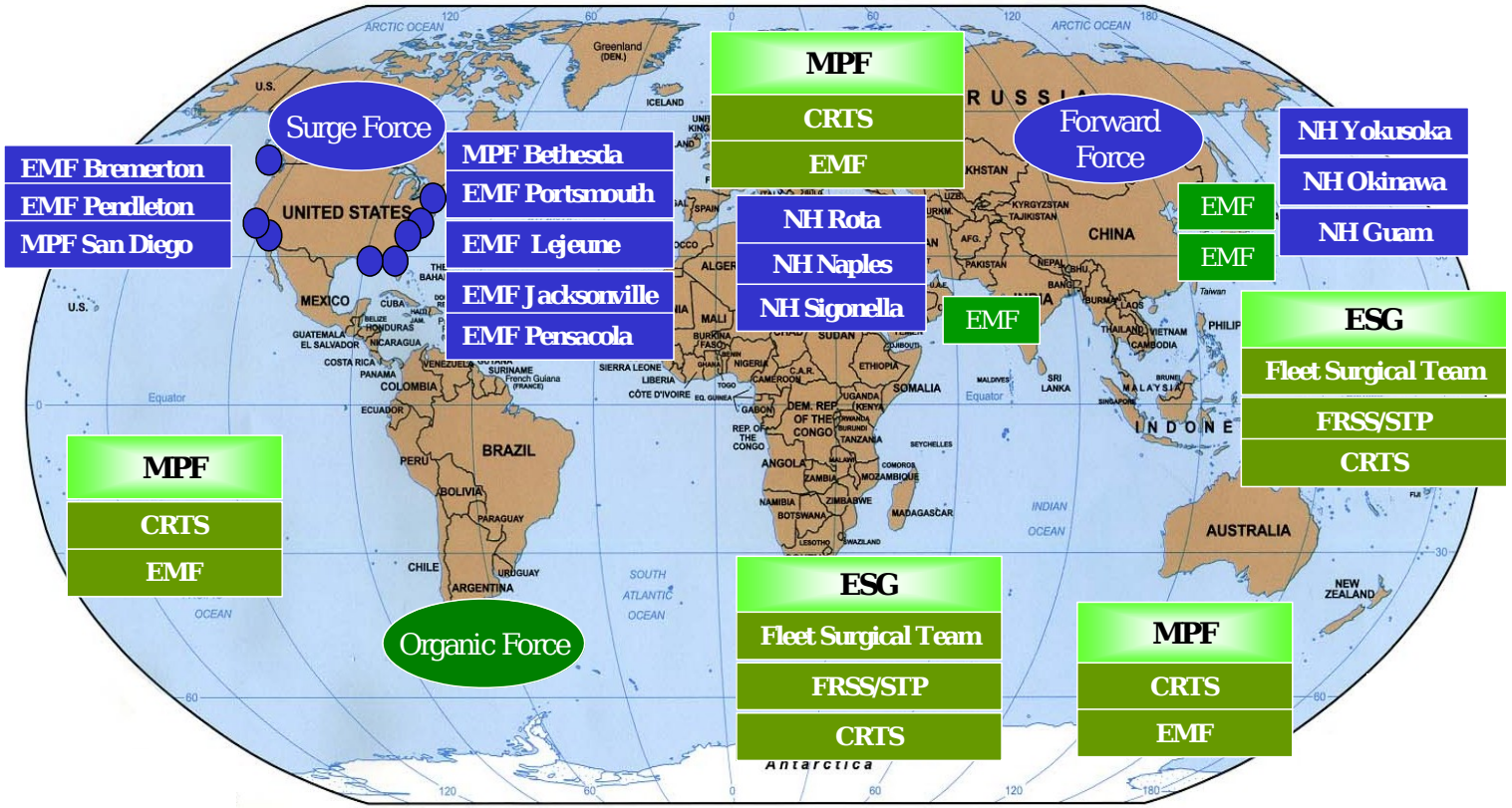
	Pallets	Airlift
EMF +25	**24**	**1.5 C-17**
EMF +10	**17**	**1 C-17**
FRSS	**2**	**1 C-130**

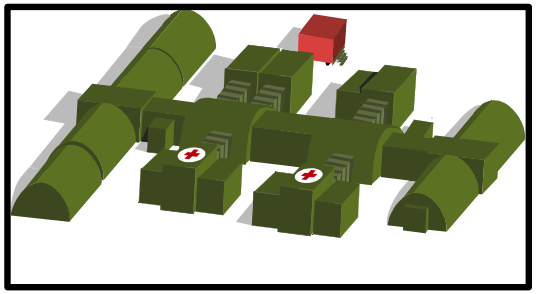


EMF Transformation



Future Day in Naval Medicine





Questions?